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CONVERSATION WITH MARIA
(LUBELL + ROSEN, LLC) 1/13/2016

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TALLAHASSEE, FLORIDA

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K.S.ALY EXAMINER JAN 13

COVER LETTER

TO:	Registration Section Division of Corporation					
	·	GOMELAS	T, LTD			
SUBJ	ECT:	Name of corporat	ion mus	t include suffix		
		Maine of corporat	ion - mus	t mende surrix		
Dear S	Sir or Madam:					
"Certi	ficate of Existence,"	by Foreign Corporation for "Certificate of Good Sorporation to transact bus	tanding"	and check are subm		
Please	return all correspond	dence concerning this ma	tter to the	e following:		
		CARLOS I.	AGUILAI	₹		
		Name	of Persor	1		
		LUBELL & R	OSEN, L	LC		
		Firm/C	ompany			
		I ALHAMBRA PLA	ZA SUITI	E 1410		
		Ac	ldress			
		CORAL GABLE	S, FLORI	DA 33134		
		City/Stat	e and Zip	code		
_		CAGUILAR@AGUII				
		E-mail address: (to be use	ed for fut	ure annual report no	tification)	
For fu	irther information coi	ncerning this matter, plea	se call:			
M	IARIA A. RODRIGUE	Z at (305)	655-3425	i	
•	Name of Person	Area C	Code	Daytime Telepho	one Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Enclo	sed is a check for the	following amount:				
□ \$7	0.00 Filing Fee C	\$78.75 Filing Fee & Certificate of Status		.75 Filing Fee & tified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy	

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

(Enter name of corporation; m "Inc.," "Co.," "Corp," "Inc," " (If name unavailable in Florid BARBADOS (State or country under the la MARCH 26, 20 (Date of incorpora	Co," or "Corp.") a, enter alternate corpora w of which it is incorpor	ate name adopted 3	d for the purpose of transactin 98-1270488 (FEI number, if ap	ng business in Florida)
BARBADOS (State or country under the la MARCH 26, 20 (Date of incorpora	w of which it is incorpor	3	98-1270488 (FEI number, if ap	•
BARBADOS (State or country under the la MARCH 26, 20 (Date of incorpora	w of which it is incorpor	3	98-1270488 (FEI number, if ap	•
(State or country under the la MARCH 26, 20 (Date of incorpora	15			pplicable)
MARCH 26, 20 (Date of incorpora	15			(
(Date of incorpora		>		
(SE			(Date of duration, if other	r than perpetual)
	E SECTIONS 607.1501	& 607.1502, F.	da, if prior to registration) S., to determine penalty liabil	
THE PHOENIX CE	NIRE/ GEORGE SIRE	(Principal office)	ILLE ST, MICHAEL, BARB	ADOS
1 1 1 1	AMBRA PLAZA, SUIT	` .	,	
IAUI			ress, if different)	2016
Name and street address of Name: SOMERS	Florida registered age ET CORPORATE SERV		: <u>NOT</u> acceptable)	THASSES OF THE
fice Address: 200 CRAI	NDON BLVD SUITE 36	0		
MIAMI			, Florida <u>33131</u>	
	(City)		(Zip code)	

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman; Address: Vice Chairman: ______ Address: ___ YGO BORGMAN LEWENTHAL Director: THE PHOENIX CENTRE / GEORGE STREET / BELLEVILLE ST. MICHAELS, BARBADOS Address: LILIANE BORGMAN DE FUHRMAN Director: THE PHOENIX CENTRE / GEORGE STREET / BELLEVILLE ST. MICHAELS, BARBADOS Address: _ **B. OFFICERS** YGO BORGMAN LEWENTHAL President: THE PHOENIX CENTRE / GEORGE STREET / BELLEVILLE ST. MICHAELS, BARBADOS Vice President: Address: Secretary: ____LILIANE BORGMAN DE FUHRMAN THE PHOENIX CENTRE / GEORGE STREET / BELLEVILLE ST. MICHAELS, BARBADOS Address: Treasurer: _____ Address: _____ NOTE: If necessary, you may attach an addendum loshe application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and/who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. LILIANE BORGMAN DE FUHRMAN - DIVECTOR / Secretary 13. _____

(Typed or printed name and capacity of person signing application)





BARBADOS

(Registrar's Certificate issued pursuant to s.409 *Companies Act*, Cap. 308)

I, **KEVIN A. HUNTE**, Deputy Registrar of the Corporate Affairs and Intellectual Property Office, 7th Floor, BAOBAB Tower, Warrens in the parish of Saint Michael and in the Island of Barbados, and as such a Notary Public do hereby **CERTIFY** as follows:

As Deputy Registrar of Corporate Affairs and Intellectual Property, I have custody of all records relating to the registration of Companies on this Island.

The Company **GOMELAST**, **LTD**. was incorporated on the 26th day of March,

Two Thousand and Fifteen as an International Business Company under the *Companies Act*,

Chapter 308 of the Laws of Barbados and is registered in the Register of Companies as Company



BARBADOS

Pomegranate Punica pomutum

Given under my hand as Deputy Registrar and Seal of Office as Notary Public of this Island this 30th day of **December**, Two Thousand and Fifteen.

Deputy Registrar and as such a Notary Public in and for the Island of Barbados.